

This form must be given to at least 30% of the trained workforce.

Massachusetts Workforce Training Fund

Training Grant – Employee Evaluation

The training you recently completed was partially paid for by the Workforce Training Fund (WTF), a job training fund administered by the Massachusetts Division of Career Services (DCS). This evaluation provides DCS with important information that allows the improvement of the WTF for other employers and employees. Please complete this short survey completely and honestly. Thank you.

I. General Information

Grant ID:	
Date:	
Employee Name:	
Employer:	
Training Provider:	
Course Name:	
Training Start:	
Training End:	

II. Feedback on the Training and its Impact

Please read the following statements and indicate your level of agreement with each:

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	If Strongly or Somewhat Disagree, please explain
1. The training program was of high quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The instructor delivered the material well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. The handouts and materials used in the training were useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The training directly relates to my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The opportunity to take this training makes me feel more positively about my employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The training has made me a more valuable employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The training will improve my productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The training will improve my communication with other employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The training will improve my ability to work with other employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. The training will help me improve the quality of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. I would recommend this training program to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. I would recommend this instructor to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. Please provide any additional comments you would like to share about this training program or the Workforce Training Fund.